PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This f appropriate. All further co- indicated unless corrected maintenance fee notification	orrespondence includir below or directed oth	for transmitting the ISSU in the Patent, advance or nerwise in Block 1, by (a	E FEE and PUBLICATI ders and notification of r) specifying a new corres	ON FEE (if requinaintenance fees vipondence address;	ired). Block vill be maile and/or (b)	s I through 5 sho ed to the current of indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
21171 7590 11/16/2007				Cer	tificate of M	iailing or Transn	nission
	K AVENUE, N.W	I he Stat addition trans	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON,	DC 20005	Ĭ [(Depositor's name)				
							(Signature)
		TENTATR	ADENIA .		-		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/810,661	03/29/2004		Osamu Toyoda	mu Toyoda 10		2.1035C	1129
TITLE OF INVENTION:		PANEL AND METHOD F		ESAME			
		,					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	02/19/2008
EXAMINER ART UNIT			CLASS-SUBCLASS				
MCPHERSON, JOHN A 1795			430-321000	8			
1. Change of corresponden	ce address or indicatio	n of "Fee Address" (37	2. For printing on the p			STAAS	& HALSEY LLE
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AN							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
HITACHI,	LTD.		TOKYO,	JAPAN			
Please check the appropria	ate assignee category or	r categories (will not be pr	rinted on the patent):	Individual 🛎 C	orporation o	r other private gro	up entity Government
4a. The following fee(s) as	re submitted:	41	o. Payment of Fee(s): (Plead) A check is enclosed.	ase first reapply a	ny previous	ly paid issue fee s	hown above)
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereb	is hereby authorized to charge the required fee(s), any deficiency, or credit any to Deposit Account Number 19-3935 (enclose an extra copy of this form).			
5. Change in Entity State							
a. Applicant claims			☐ b. Applicant is no lon	<u> </u>			
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if records of the United St	nuired) will not be accepte ates Patent and Trademark	d from anyone other than to Office.	the applicant; a reg	istered attor		e assignee or other party in
Authorized Signature	Mast			01/28\2\2\ Date	XXaXX 38 IUDDOS		616661 9 6
Typed or printed name	Matthe	w H. Polson		Ci FC: 15 Regi <u>š</u> trātion	191 Nő	58,841	. 383°63 65
an application. Confidenti	ality is coverned by 3.	5 U.S.C. 122 and 37 CFR	1.14. This collection is es	ilimated to take 12	minutes to c	complete, includin	by the USPTO to process g gathering, preparing, and ne you require to complete

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.